I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C., 20231, ON:

By:_	Joy A. Roeder Patent					
Mr 0 1 2002	Attorney's Docket No. <u>011683-012</u>					
IN THE UNITED STATES PATENT	Γ AND TRADEMARK OFFICE					
In re Patent Application of	BOX FEE AMENDMENT					
Robert L. HESS) Group Art Unit: 3736					
Application No.: 08/850,073 (Reissue of U.S. Patent No. 5,411,466)) Examiner: J. Lacyk					
Filed: May 2, 1997	Confirmation No.:					
For: APPARATUS FOR RESTENOSIS TREATMENT						
AMENDMENT/REPLY TR	ANSMITTAL LETTER 5 5					
Assistant Commissioner for Patents Washington, D.C. 20231	FECHNOLOGY CENTER R3700 RANSMITTAL LETTER RANSMITTAL LETTER					
Sir:	13700					
Enclosed is a reply for the above-identified pate	ent application.					
[X] A Petition for Extension of Time is also e	enclosed.					
[] A Terminal Disclaimer and a check for [requisite Government fee are also enclose] \$55.00 (248) [] \$110.00 (148) to cover the ed.					
[X] Also enclosed is Supplemental Declaration	on					
[X] Small entity status is hereby claimed.						
[] Applicant(s) request continued examination [] \$370.00 (279) [] \$740.00 (179) fee due	on under 37 C.F.R. § 1.114 and enclose the under 37 C.F.R. § 1.17(e).					
[] Applicant(s) previously submitted requested.	_, on, for which continued examination is					
[] Applicant(s) request suspension of action exceed three months from the filing of th § 1.103(c). The required fee under 37 C						
[] A Request for Entry and Consideration o	f Submission under 37 C.F.R. § 1.129(a)					

(146/246) is also enclosed.

- [] No additional claim fee is required.
- [X] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	41	MINUS 36 =	5	× \$18.00 (103) =	90.00
Independent Claims	. 7	MINUS 6 =	1	× \$84.00 (102) =	84.00
If Amendment adds mu	tiple depende	ent claims, add \$280	0.00 (104)	1	
Total Amendment Fee					174.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					87.00
Maconin de la Marchine de la Marchin	<u>ទីវិត្តធំនាំស្រូវទី</u>	TROPE THE STORE	TOMORIT .		

[X]	A claim	fee i	n the	amount	of \$_	87.00	is	enclosed.

[1	Charge \$	to Deposit Account	No.	02-4800
					

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

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Date: June 21, 2002